

ISSUE SLIP STAPLE AREA (for additional sheet references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>JSW</i>	75331	
O.I.P.E. CLASSIFIER		<i>18</i>	<i>5/12/98</i>
FORMALITY REVIEW		<i>60914</i>	<i>5-14-98</i>

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	✓	✓	
14	✓	✓	
15	✓	✓	
16	✓	✓	
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33	✓	✓	
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35	✓	✓	
36	✓	✓	
37	✓	✓	
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40	✓	✓	
41	✓	✓	
42	✓	✓	
43	✓	✓	
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45	✓	✓	
46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	
52	✓	✓	
53	✓	✓	
54	✓	✓	
55	✓	✓	
56	✓	✓	
57	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions, staple additional sheet here

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